



Child Care Health Connections

A health and safety newsletter for California child care professionals

Published by the California Childcare Health Program (CCHP),
a program of the University of California, San Francisco, San Francisco School of Nursing (UCSF)

Nov – Dec 2004 • Volume 17 • Number 6

Health and Safety Tip

Do you know how to handle a dental injury? The first step, as with any injury, is to remain calm. Then follow these procedures to minimize the effects of the injury:

- Clean the area around the injury thoroughly, wearing disposable gloves.
- Rinse the mouth with warm water to clean out any debris.
- Apply ice to reduce swelling.
- Child-appropriate pain relievers such as Tylenol may be given to relieve pain per the instructions on the label if requested by the parent or guardian.
- In case of a knocked-out permanent tooth, find the tooth. Do not handle it by the root. Sometimes permanent teeth can be replaced, so save the tooth in cool whole milk or water. Contact the parent or guardian to seek dental care immediately.
- If a fractured jaw is suspected, do not move the jaw. ♦

Need a free
telephone consultation
on health and safety
in child care?
Call the Healthline at
(800) 333-3212

New Recommendations for the Influenza Vaccine

by Eileen Walsh, RN, MPH

The annual influenza immunization campaign is underway. This year, the Centers for Disease Control and Prevention have added new target populations to this effort. Despite the projected shortage of the influenza vaccine for the 2004-2005 flu season, the vaccination of children between the ages of 6 and 23 months remains a top priority according to the CDC.

What is influenza vaccine?

This vaccine protects against influenza, a viral illness commonly known as the flu, which peaks annually in winter. Influenza vaccine available now for 2004-2005 protects against those strains of influenza considered most likely to cause illness this winter. Because the influenza vaccine is re-formulated each year, annual vaccination is required.

How do children benefit?

Children under age 2 who contract influenza often become seriously ill, requiring hospitalization. For this reason, the American Academy of Pediatrics has issued a Policy Statement recommending that they be protected from influenza by immunization. Influenza vaccine is not approved for use among children under 6 months of age; the recommendation is only for those between 6 and 23 months.

Who else should be vaccinated?

According to the new recommendations, close contacts of children under 24

-continued on page 9

	What's Inside
	Sanitizing without Bleach 2
	Creating Great Learning Environments 3
	Proper Lifting and Carrying 3
	Type 2 Diabetes: Prevention Starts Early! 4
	Nutritional Challenges 4
	School Readiness Trainings 9
	Gubernatorial Action on 2004 Legislation 11
	Pullout Section
	Infants and Children Also Can Have High Blood Pressure 5
	Toilet Learning in Child Care 6
	Case Study: Managing Severe Allergies in Child Care 8

Child Care Health Connections[®]

Child Care Health Connections is a bimonthly newsletter published by the California Childcare Health Program (CCHP), a community-based program of the University of California, San Francisco School of Nursing Department of Family Health Care Nursing. The goals of the newsletter are to promote and support a healthy and safe environment for all children in child care reflecting the state's diversity; to recreate linkages and promote collaboration among health and safety and child care professionals; and to be guided by the most up-to-date knowledge of the best practices and concepts of health, wellness and safety.

Six issues of *Child Care Health Connections* are published during the year in odd-numbered months at the subscription rate of \$25 per year.

Newsletter articles may be reprinted without permission if credit is given to the newsletter and a copy of the issue in which the reprint appears is forwarded to the California Childcare Health Program at the address below.

Subscriptions, renewals, inquiries and reprint inquiries: please contact Maleya Joseph at mjoseph@ucsfchildcarehealth.org or at (510) 281-7938.

CCHP Program Office
1333 Broadway, Suite 1010
Oakland, CA 94612
Phone: (510) 839-1195
Fax: (510) 839-0339

Healthline: (800) 333-3212
E-mail: healthline@ucsfchildcarehealth.org

Newsletter Editors
A. Rahman Zamani, MD, MPH
Eva Guralnick
Judy Calder, RN, MS
Mardi Lucich, MED
Eileen Walsh, RN, MPH

Information provided in *Child Care Health Connections* is intended to supplement, not replace, medical advice.

Visit us on the Web:
www.ucsfchildcarehealth.org

Major support for this publication is provided by the California Department of Education, Child Development Division, Healthy Child Care California and First 5 California (formerly the California Children and Families Commission).

ASK THE NURSE...

Sanitizing without Bleach

by Judy Calder, RN, MS



Q

My staff does not like to use diluted bleach solution as a sanitizer in the classroom. What alternatives to bleach can I use as a sanitizer in my child care program?

A

Staff members may not like to use diluted bleach solution for several reasons. Bleach has an unpleasant odor, it can discolor clothes, it needs to be made fresh every day, some people are bleach sensitive, and some feel that it's another toxic chemical in the children's environment that should be eliminated.

Why sanitize?

It's important to start first with the fact that while cleaning removes dirt that can be seen, along with some germs, some surfaces that are high in the number of germs require an additional step to reduce the number of organisms that cause illness. This step is called sanitizing and requires the use of chemicals, such as bleach, that can kill disease-causing bacteria, viruses and fungi. The advantages and disadvantages of sanitizing chemicals must be weighed against the heavy burden of illness that is common in early care and education programs, especially in infant/toddler settings. Critical areas that need the correct application of sanitizers include food preparation/serving areas, diapering/toileting areas, and areas or surfaces that are frequently mouthed or touched.

What are the alternatives to bleach?

There are alternatives to bleach that can be used to sanitize the early care and education environment. The products are too numerous to list here, but can be grouped into several categories based on their chemical composition. There are quaternary ammonium compounds ("quats"), phenols, and alcohol. Like bleach, they all have disadvantages and warnings that must appear on the label. They all have some degree of toxicity either to the eyes, skin or respiratory tract, and most require the use of protective equipment (gloves, safety glasses) and ventilation while mixing according to their Material Safety Data Sheets. They generally require a longer contact time—the time needed from application to the time the germs are killed—and their labels will indicate this. For instance, while bleach requires two minutes of contact time, a quat may require up to 10 minutes, which could be impractical for a busy diaper-changing area. And some sanitizers, unlike bleach, leave a residue when they dry that must be rinsed off with fresh water before an area is safe to use again.

How do I choose a non-bleach sanitizer?

All sanitizers that are effective for use in early care and education programs should indicate on the label that they have EPA approval for use as a hospital-grade germicide, meaning they have been tested for safety and efficacy. The directions for dilution and storage must be followed exactly. When in doubt, call the manufacturer (the number will be on the label) and ask specific questions

-continued on page 9

Creating Great Learning Environments

by Mardi Lucich, MA

Creating great environments for infants and toddlers takes purposeful thought and consideration. The physical set-up of infant/toddler environments must be planned with a specific emphasis on supporting the children's development and taking advantage of built-in learning opportunities, which also enables caregivers to concentrate on nurturing and responsive interaction with the children.

Planning and organizing the environment into clearly labeled learning areas is appropriate for infant/toddler settings as well as for preschoolers. Labels facilitate child choice and parent awareness of caregivers as educators. The set-up of the environment needs to be arranged around all that infants/toddlers do. Remember that an adult label for an area should not restrict the types of activities children think of themselves to engage in (for example, sensory exploration will occur in all areas).

Here are a few examples:

- **Climbing Area:** loveseat, futon, platform, risers, planks, low cubes, mattresses, or one to two stairs
- **Look Area:** kaleidoscopes, colored plexiglass, paintings, videos, wave tubes, fish tank, and mirrors attached to walls, dividers and the floor
- **Treasure Basket Area:** baskets of different sizes, textures and shapes filled with natural and household objects to explore
- **Expression Area:** white board, chalkboard, easels, crayons, variety of types of paper, etch-a-sketch, non-toxic paints and paste, tape, cardboard, wood
- **Messy Area:** sensory tables (sand, water), dish/garden tubes, sinks, smearing surfaces such as table top or tray, sponges, brushes, towels
- **Action Center:** switches, zippers, velcro, locks and latches, pounding benches, ramps, tubes, containers to drop or roll materials into, things to take apart
- **Sound Area:** chimes, whistles, musical instruments, CD player/tapes
- **Place to Pause:** pillows, mattress, bolsters, blankets, futon, canopies, boxes
- **Surprise Area:** a place where surprises or new experiences occur
- **Smell Area:** scent boxes with non-poisonous leaves, flowers, and plants
- **Touch Area:** a variety of textures and surfaces: cold, hard, smooth, rough, soft

Infant environmental expert Jim Greenman suggests that infant/toddler environments should elicit the response: What a great place to be a child and be with a child! Transforming infant/toddler environments into "great places" requires that they be safe and interesting, engage large and small muscles, captivate children's senses, and activate their curiosity. ♦

References & Resources

Greenman, J. (2004). *Great places to be a baby: Infants' and toddlers' learning environments*. *Child Care Information Exchange*, May/June 2004, 46-48.

Lally, J.R., & Stewart, J. (Eds.). (1990). *Infant/toddler caregiving: A guide to setting up environments*. Sacramento, CA: California Department of Education. (415) 289-2300 or online at: www.pitc.org.

Torelli, L. (2002). *Landscape for learning: The impact of classroom design on infants and toddlers*. Retrieved September 20, 2004, from <http://www.earlychildhood.com/Articles/index.cfm?A=238&FuseAction=Article>.

Proper Lifting and Carrying

by Judith Kunitz, MA

Back injury is the most common type of occupational injury for child care providers. Exercise, proper nutrition, and practicing good body mechanics in everyday movements are vital to staying healthy and avoiding back injuries.

Back injuries can be reduced and prevented by implementing the following recommendations:

1. Learn proper lifting and carrying techniques
2. Encourage independence in children—for example, walk up stairs with toddlers, rather than carrying them.
3. Avoid carrying a child on one hip. Hold the child in front of you, with the child's legs straddled around both your hips.
4. Use full-sized tables or desks, not child-sized.
5. Lower crib rails before lifting infants or toddlers out.
6. Use adult-height changing tables. Use a ramp or small steps to allow children, under supervision, to climb up to changing tables.
7. Sit against a wall, furniture or pillow for back support when on the floor.
8. Redesign the kitchen area so that the heaviest items are at waist height. Use a sturdy step stool when retrieving items above cupboard height.
9. Use a cart to transport trash to the dumpster. Reduce the size and weight of loads or get a co-worker to help you.

Prevent back strain and injury by following the proper lifting techniques when lifting children:

-continued on page 11

Type 2 Diabetes: Prevention Starts Early!

by Eileen Walsh, RN, MPH

What is Type 2 diabetes?

Type 2 diabetes is a disease in which the body doesn't metabolize carbohydrates (especially sugars) as well as it should. Normally, when we eat sugars and carbohydrates, the pancreas secretes insulin. Insulin helps the body store carbohydrates for later use as energy.

Type 2 diabetes is most common in middle-aged or older adults. Overweight and sedentary lifestyles are major risk factors for its development. People with Type 2 diabetes experience hyperglycemia, meaning that the blood sugar (glucose) level in their blood is too high. When blood sugar remains high for too long, it can damage the kidneys, nerves, circulatory system and eyes. Hyperglycemia can also increase the risk of many types of infections. Untreated or poorly controlled diabetes can lead to serious disability, kidney failure and stroke.

How is it treated?

Management requires frequent blood sugar monitoring with the goal of keeping blood sugar levels within normal limits. Diet, exercise, oral medications to improve glucose absorption, and insulin given by injection or pump are all effective in treating Type 2 diabetes.

Can children develop Type 2 diabetes?

Type 2 diabetes is not typically diagnosed in young children, but many children are at risk of developing it later in life. Recent studies suggest that Type 2 diabetes is increasingly prevalent in school-aged children and adolescents (American Diabetes Association, 2000). Children at highest risk are those with one or more of these characteristics: overweight or obesity, insufficient daily physical activity, and family history of Type 2 diabetes.

Some children have a condition called pre-diabetes or insulin resistance. This means that the normal processes of insulin production and storage of carbohydrates are mildly impaired. In these cases, the blood sugar is not stable, but the situation is less severe than in advanced diabetes (National Institute of Diabetes and Digestive and Kidney Diseases, 2004). Children with pre-diabetes are at the highest risk of eventually developing Type 2 diabetes. Strategies to prevent the development Type 2 diabetes in children include:

- Daily vigorous physical activity
- Balanced nutrition, free of refined sugars or highly processed foods, and emphasizing whole grains, fresh produce, and low-fat proteins
- Caloric intake that meets but doesn't exceed need. ♦

References

- ADA (2000). *Type 2 diabetes in children and adolescents*. *Diabetes Care* 23:3(381-9).
- NIDDKD (2004). *Insulin resistance and type 2 diabetes*. Accessed September 15, 2004 at <http://diabetes.niddk.nih.gov/dm/pubs/insulinresistance>.

Resources

- CCHP. *Health & Safety Note: Diabetes in the Child Care Setting*. www.ucsfchildcarehealth.org.

Nutritional Challenges

For optimal health, children need a variety of safe and nutritious foods every day. The nutritional habits that children acquire in child care can continue throughout their lives, so child care staff have an opportunity to influence children's food preferences and experiences in a lasting way.

Keep in mind the following priorities when planning meals:

Food served to children must be safe. Even a small amount of carelessly stored or prepared food can cause serious illness in a young child.

The food served must both meet children's nutritional needs and be appealing to them. Because children can ingest only small servings of food at a time, they need nutrient-dense food.

Child care programs should promote good eating habits. It is important to encourage children to try new foods, or familiar foods prepared in new ways. Children who eat a variety of foods at a young age are more likely to continue as they grow older, and variety in the diet is associated with better and more balanced nutrition.

To meet these priorities, child care staff can employ a number of strategies.

Create a nutrition plan to guide your efforts. Components to include in your plan are healthful, developmentally appropriate food choices, food preparation and food storage safety, kitchen cleanliness and sanitization, appropriate infant feeding practices, and healthy menu planning to meet the nutritional needs of all children. Post the weekly or monthly menu so it can be viewed by parents and staff. The plan should also

-continued on page 11

Infants and Children Also Can Have High Blood Pressure

by A. Rahman Zamani, MD, MPH

We usually associate high blood pressure, medically known as hypertension, with adults. However, hypertension often begins in childhood, and children with high blood pressure are very likely to become adults with high blood pressure. Recent studies show that high blood pressure is on the rise in American children and adolescents. Like the increase in Type 2 (adult-type) diabetes among children, the increase in hypertension is linked to the epidemic of childhood obesity. Hypertension can cause damage to the heart, kidneys, brain and eyes.

How is high blood pressure defined for children?

There is no set of established blood pressure ranges to indicate high, borderline, normal or low readings for children. Instead, normal ranges vary based on a number of factors such as age, gender and height. Blood pressure above the 90th and below the 95th percentile for gender, age and height is considered "high-normal" or pre-hypertension. A blood pressure level at or above the 95th percentile is defined as hypertension. This means that 95 percent of children at the same age, gender and height have blood pressure below this number.

What are the types of hypertension?

Primary hypertension, also called essential hypertension, has no known cause, and is more common in adults. **Secondary hypertension** is caused by a separate underlying condition and is the more common type to occur in children. Underlying causes include kidney disease, heart disease, endo-

crine disorders such as diabetes, obesity, excessive salt intake, lack of physical activity, lead poisoning, etc.

What problems does high blood pressure cause?

High blood pressure is a sign of an overworked heart and blood vessels. If it continues for some time or becomes worse, the extended pressure can lead to heart failure, stroke, and damage to the kidneys, eyes and other organs.

How is hypertension prevented and treated?

The goal of treatment for children with hypertension is to reduce blood pressure to the 95th percentile (or the 90th percentile if other conditions are present). Increases in blood pressure can be prevented and often controlled by changes in lifestyle such as those suggested for adults. These include weight reduction (for overweight children) and regular physical activity. These changes need to be family-based, rather than just targeting the child. Participating in sports, restricting processed, high-fat and high-salt foods, and providing a balanced, nutritious diet will also help. If hypertension cannot be controlled through lifestyle changes alone, medication may also be needed. The extent of drug treatment will depend on the causes of hypertension and response to treatment.

When should we start screening children's blood pressure?

Since hypertension is often without symptoms, early detection is important. A new report from The National High Blood Pressure Education Program Working Group on Children

(Pediatrics, 2004) recommends that screening children for high blood pressure begin at age 3. Blood pressure of children younger than 3 years should be measured if they were born preterm or at low birth weight, had a difficult or prolonged hospital stay, have congenital heart disease or any other condition that can cause high blood pressure, or receive medications that increase blood pressure.

When should you call a health care provider?

Call your child's health care provider if your child has high blood pressure and develops any of the following: a persistent, severe headache; dizziness; shortness of breath; visual disturbances; unusual fatigue. (AAP, 2004)

Can medication be given in child care?

If your child needs medications during child care hours or has other special health needs, talk to your early care and education provider about their program's policies related to medication administration and the inclusion of children with special health concerns. For more information about hypertension or other chronic health conditions in child care settings, call the Healthline at (800) 333-3212.♦

References

The Fourth Report on the Diagnosis, Evaluation, and Treatment of High Blood Pressure in Children and Adolescents. Pediatrics, August 2004, Volume 114, Number 2, Part 3 of 3.

American Academy of Pediatrics, Caring for young baby and young child birth to age 5. Fourth Edition, 2004.

Resources

CCHP Medication Administration Form, available online at: www.ucsfchildcarehealth.org.



Toilet Learning in Child Care



Learning to use the toilet is an important developmental milestone that commonly occurs during the years children are in out-of-home care. Parents and providers can be partners and support each other during this process to make it as easy and smooth a transition as possible for everyone.

When Is a Child Ready?

Every child develops differently, so it's important to look for the cues that a child is ready for toilet learning. The start of toilet learning should be based on the child's developmental level rather than age or the adult's eagerness to start, and should not begin while the child is experiencing major disruptions or transitions such as a new sibling. Attempting toilet learning before a child is ready can create stress and anxiety for the child, and in turn delay the process. While the right time to start toilet learning will differ for every child, it is recommended that the process not be initiated until the child is 24-27 months old.

Signs of toilet learning readiness include an increased awareness of a need to go, curiosity in others' bathroom habits, demonstrated interest in the toilet, having words for using the toilet, an understanding of "wet" versus "dry," and imitation of bathroom behavior. In order to start learning to use the toilet, a child also must be able to:

- follow simple instructions
- cooperate with adults
- stay dry for at least two hours at a time during the day or be dry after naps
- understand words about the toileting process
- have regular and predictable bowel movements
- express verbally, through facial expressions or posture the need to eliminate
- get to and from the bathroom area
- help pull diapers or loose pants up and down

The toilet learning process generally takes two weeks to six months. Mastering nighttime dryness may take an additional six months to a year. Since

toilet learning is a multi-step process, setbacks are common, should be expected, and do not necessarily mean failure. Remember that the child is taking a temporary step back to a more comfortable place, which helps support later progress.

Parent-Caregiver Partnership

It is best if parents and child care providers approach toileting learning as a team, jointly identifying and responding to the child's signs of interest and readiness. Children will be more successful when parents and caregivers agree on strategies and techniques, and help support each other to accomplish goals.

- Talk about signs that indicate the child is ready to begin toilet learning.
- Agree on how to work on the toilet learning process together.
- Use normal routines to establish regular toileting times to help make toileting a habit.
- Encourage practice runs to the toilet whenever the child gives a signal (facial expressions, grunting, holding genitals, squirming).
- Help children understand the association between relieving themselves and the bathroom by taking them there for diaper changes and to see the toilet flush.
- Teach proper hygiene habits. Show children how to wipe carefully from front to back, and to always wash their hands after using the toilet.
- Try to keep the child's daily schedule, routines and rituals consistent between home and child care.
- Use the same words to describe body parts, urine, and bowel movements at home and in child care. It is best to use proper terms that will not offend, confuse or embarrass the child or others.
- Read the same or similar books about using the toilet at home and in child care. Give the child opportunities to ask questions and watch for reactions that will show how the child perceives and feels about using the toilet.

- Use the same method of praise and reinforcement at home and in child care. Rewards such as food or candy aren't recommended. Verbal praise is best.
- Handle toileting accidents the same at home and in child care. Provide plenty of changes of clothing for the child in care so there is always clean clothing in the event of an accident.
- Try to have similar toilet equipment at home and child care.

Techniques for Success

- Promote toileting skills within the context of helping children develop self-esteem and independence.
- Because toilet learning involves so many steps (discussing, undressing, going, wiping, dressing, flushing, and hand washing), reinforce the child's success at each step.
- Child care providers should include toilet learning activities as part of the daily curriculum. Read stories, sing songs and play games about using the potty to reinforce toileting skills.
- Occasional accidents are normal. Say "I see you have had an accident. That's ok. I know you will learn how to use the toilet. You are trying hard. It will be better next time." Praise the child for successes and downplay accidents. Punishment does not make the process go faster.
- Never force children to sit on the toilet against their will or for long periods of time. It only sets up a power struggle and negative feelings about toileting.
- Dress children in clothes they can easily pull up or down on their own.
- Have children pick out and wear underwear.
- Using potty chairs in child care is not recommended, but if they are used they should be emptied into a toilet, cleaned, and sanitized after each use.
- Make toilet seats feel safer by having a special adaptive seat to make them child-sized.
- Add a secure step stool, so the child can climb onto and off of the toilet and have a place to rest feet while sitting on the toilet.

What if a Child Resists?

If the child shows resistance to learning, he or she may not ready for the process or find it too stressful. Let the child guide the process. If a power struggle emerges, wait a few weeks and try again.

Here are some ideas to help in this situation:

- Transfer responsibility to the child. The child will decide to use the toilet only after realizing there is nothing left to resist. Stop forcing, punishing, criticizing and frequent reminding, which are forms of pressure. Use pleasant reminders like "The poop is trying to get out and go in the toilet. The poop needs your help." When children stop getting attention for not using the toilet, they will eventually use the toilet for attention.
- Give incentives for using the toilet. If the child stays clean and dry, give her plenty of positive feedback.
- Change soiled clothing immediately. Never keep a child in wet or messy pants as punishment.

Adaptations for Children with Special Needs

A child with special needs may require a unique set of plans and procedures, more time, and more flexibility and patience from adults, but the same toilet learning methods apply. For example, a child with cognitive delays may not be able to understand and remember the many steps involved in toilet learning. A child with mobility limitations may need continuing physical help using the toilet. Children with learning disabilities may not understand what is expected of them. Measure and reward success in smaller steps of progress. Simplify expectations, be persistent, create small, achievable steps and acknowledge progress along the way.

For additional support and resources, contact the Healthline at (800) 333-3212 or www.ucsfchildcare-health.org.

References

National Network for Child Care. Douglas, R. (1994). Helping children learn to use the toilet. In Todd, C.M. (Ed.), "Family day care connections", 3(6), pp. 1-3. Urbana-Champaign, IL: University of Illinois Cooperative Extension Service.

PEDIATRICS Vol. 111 No. 4 April 2003, pp. 810-814. Relationship Between Age at Initiation of Toilet Training and Duration of Training: A Prospective Study. Online at: <http://pediatrics.aappublications.org/cgi/content/abstract/111/4/810>.

Toilet Training Guidelines for Parents. (1998). American Academy of Pediatrics.

By Mardi Lucich, MA (July 2004)

Case Study: Managing Severe Allergies in Child Care

by Eileen Walsh, RN, MPH and Mardi Lucich, MA

Cesar, a 4-year-old boy, is enrolling in a child care program. Cesar is severely allergic to peanuts. A few months ago, Cesar was exposed to peanuts in a cookie after trading his snack with another child. Cesar had a severe allergic reaction within five minutes of eating the cookie and his mother had to take him to the emergency room due to difficulty breathing. By the time Cesar got to the hospital, his airway was obstructed, and he needed rescue medications, respiratory support, and observation overnight in the hospital.

Cesar's doctor has prescribed an Epi-Pen Junior® (an emergency medication for allergic reaction) to be used if Cesar is exposed to peanuts. The Epi-Pen® must be administered by an adult. Cesar's mother has an extra Epi-Pen® to be kept at the program site.

Who should participate in creating Cesar's special care plan for child care?

All of the following should participate: Cesar's parents and health care provider, all staff who care for Cesar directly, and the program's director/administrator.

What additional information does the child care staff need to know in order to support Cesar's safe and healthy care?

Is he allergic to anything else? Are there early signs before a severe reaction? Does Cesar understand his allergy and how to prevent exposure? What are some safe foods that can substitute for foods containing peanuts? Does the family prefer that other families not know of his condition?

How can Cesar be protected from exposure to peanuts during his participation in child care?

Designate a peanut-free environment or zone; advise all staff and families (keeping Cesar's identity confidential) that a child in the setting has a severe allergy to peanuts; educate and train staff about severe allergies and proper usage of the Epi-Pen®; ensure policies and procedures are in place in regards to medication administration both in

Public Health Nurse, or School Nurse. Staff should understand how the Epi-Pen® works and should be comfortable handling it. It is critical that a trained staff member *always* be on site when Cesar is present.

Where should the Epi-Pen® be stored?

Keep it accessible but out of children's reach. Don't lock it up—time spent unlocking a box or cabinet or searching for the key could be critical time lost. Always keep it in its designated place. A supervising adult should carry it if Cesar goes on any outings, and it should be returned immediately to the designated storage place after returning to the program site.

Will Cesar's allergy have an effect on the other children in care and their families?

YES. They need to know there is a child with a severe allergy and that everyone in care can help keep the child safe. This may mean that all families are instructed to send no foods containing peanuts, which is a minor inconvenience given the severity of this situation. ♦



the care setting and when on off-site trips; and ensure that those who are responsible for food preparation carefully read labels for peanuts, which can be a hidden ingredient.

Which staff will be trained to use the Epi-Pen?®

All staff members who care for Cesar, including any substitutes or teachers who may cover briefly at lunch or break times. Training should be provided by Cesar's family, or if available, by a Child Care Health Consultant,

Resources

California Childcare Health Program (2003). Health & Safety Note: Allergies. www.ucsfchildcarehealth.org.

California Childcare Health Program (2003). Medication Administration Form. www.ucsfchildcarehealth.org.

California Childcare Health Program. (2003). Using the Epi-Pen® for Food Allergies. Child Care Health Connections Newsletter. May/June 2003.

School Readiness Trainings

Health and safety are key components of school readiness, because children learn and grow best when they are in environments that nurture their development and keep them safe from harm. School readiness health and child care professionals can receive training on a variety of issues related to child care in order to assure that out-of-home care programs are optimal learning environments. CCHP provides extensive training in health and safety topics specifically related to child care for Child Care Health Consultants and Child Care Health Advocates. Advance registration is required; trainings are offered in northern, central and southern California locations. A brief schedule is provided below. For more information, contact Griselda Thomas at (510) 281-7920 or gthomas@ucsfchildcarehealth.org. ♦

Upcoming Trainings

Region	City	CCHCs	CCHAs
Bay Area	San Leandro	Jan. 26–28	Jan. 28–29
Sacramento	Sacramento	March 2–4	March 4–5
Northwest	Redding	April 13–15	April 15–16
Central Valley	Fresno	May 18–20	May 20–21
Southern	Los Angeles	July 13–15	July 15–16
Northeast	to be decided	Sept. 28–30	Sept. 30–Oct. 1

Topics covered by the trainings include:

- School readiness health and social services
- Understanding the Fields of Child Care Health Consulting and Child Care Health Advocacy
- Emergency Preparedness
- Nutrition
- Staff Health
- Oral Health
- Injury Prevention
- Prevention and Management of Illness in Child Care (including morning health checks)
- Behavioral Health
- Children with Disabilities and Special Needs
- Child Abuse Prevention and Reporting
- Environmental Health (including playground safety)
- Important Skills for Child Care Health Consultants and Child Care Health Advocates
- Quality Child Care
- Cultural Competence
- Physical Well-Being and Motor Development

months of age should be vaccinated. This includes parents, older siblings, others sharing the home, and child care personnel. Due to the projected shortage of vaccine anticipated for the 2004-2005 flu season, the CDC has modified its recommendations for this year only so that the vaccination of out-of-home caregivers of children 0-6 months remains a top priority.

Is this required?

Influenza vaccine is recommended but not required. It should not be confused with vaccination against Haemophilus influenzae type b (Hib), which is mandated for entry into child care. The Hib vaccine protects against a bacterial infection that can cause meningitis and even death in young children.

Influenza vaccine is available at community clinics and from your health care provider. For more information regarding immunizations, contact the Healthline at (800) 333-3212. ♦

References

American Academy of Pediatrics. (2004). Recommendations for influenza immunization of children. *Pediatrics*; 113:1441-1447.

Centers for Disease Control and Prevention. (2004). Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices. *MMWR* 28 May 2004;53[RR06]:1-40.

-Sanitizing without Bleach, continued from page 2

such as: "Is it safe to use on surfaces that young children touch or put in their mouths?" "Is it effective against blood-borne disease?" "What length of contact time is required to sanitize?" or "What is a safe and effective dilution of the product?"

Additional sources for information include your local health department or the Poison Control Center at (800) 876-4766. In addition, the Healthline at (800) 333-3212, can provide information on sanitizing schedules, as well as sources to obtain alternatives to bleach. ♦

EVENTS

November

November 4-6
38th Annual California Reading Association Conference.
San Jose. CRA, (714) 435-1983;
www.californiareads.org.

November 5-7
Strengthening Parent and Community Involvement to Support Student Success.
Sacramento. California Association of Compensatory Education, (415) 759-1994; www.comped.info.

November 10-13
2004 NAEYC National Conference.
Anaheim, CA. www.naeyc.org.

November 10-13
Creating a Future Without Boundaries.
San Diego. National Community Education Association, (703) 359-8973, www.ncea.com/conferences.

November 11-13
Conference on Race and Public Policy.
Berkeley. Applied Research Center, Barbara Ceptus, (510) 653-3415 x 341; www.arc.org.

Nov 12-13
Third Annual Parent Conference.
Sacramento. California Head Start Association, (916) 444-7760; <http://ca-headstart.org>.

November 17-18
Creating Opportunities for Everyday Activity
Sacramento. California Center for Physical Activity, (916) 552-9874; www.caphysicalactivity.com.

December

December 2-4
California School Boards Association Education Conference. San Francisco. (800) 266-3382; www.csba.org/aec04.

December 3-5
Zero to Three's 19th National Training Institute. Sacramento. (202) 624-1760; www.zerotothree.org.

PRODUCT WATCH

Recalls and Product Alerts

Below is a summary of items recalled voluntarily and preventively. As always, take the recalled item out of circulation and contact the appropriate company to find out about replacements, parts, refunds or other instructions.

Wondering if an item you purchased second-hand may have been recalled? Find out by checking for it on the U.S. Consumer Product Safety commission Web site at www.cpsc.gov, or call (800) 638-2772. Check to see if items have been recalled before you donate them to thrift stores or pass them on to families as well.

Recalled Item	Recalled Item	Contact Information
Jaloma pacifiers	Pacifiers can come apart and pose a choking hazard to infants and small children.	Natura Products Downey Call collect (323) 726-9098 9 a.m. to 4 p.m. PST Monday through Friday
Director's Chair for Children	Can inadvertently be misassembled so the fabric seat can come off the chair's frame, exposing metal support rods and posing a laceration and fall hazard to young children.	Delta Enterprises (877) 660-3777 9 a.m. to 5 p.m. EST Monday through Friday www.deltaenterprise.com/recall.html
Reebok "Iverson/Answer" toddler shoes	The I-3 logo-tag on the tongue of the shoe can be peeled off, posing a choking hazard.	Reebok (800) 843-4444 www.reebok.com
Baby Björn Baby Carrier	The back support buckle can detach from the shoulder straps, posing a fall hazard to the baby.	Regal Lager Inc. (877) 962-8400 9 a.m. to 5 p.m. EST Monday through Friday www.regallager.com

New Injury Prevention Posters

The California Childcare Health Program has created new additions to our Survival Tips Posters set. The new posters cover tips on proper medication administration, sun safety, avoiding injuries from drowning, poisoning, burns, and more.

These posters, designed to be posted in early care and education programs, are attractive reminders of important safety practices.

They are available online in limited colors at www.ucsfchildcarehealth.org at no charge, or may be purchased laminated and in full-color for a nominal fee. Call (510) 281-7938 for information.





Gubernatorial Action on 2004 Legislation

The Governor has finished his consideration of the child care and development measures on his desk. The final action on the bills is as follows:

Vetoed

AB 712 (Steinberg) - Preschool for All

AB 366 (Mullin) - Substitute Employee Registries

SB 1343 (Escutia) - Infant and Toddler Child Care Master Plan

SB 1897 (Burton) - Child Care Reform

Signed

AB 379 (Mullin) – Family Child Care Education Networks

Defines family child care home education networks, and requires them to support educational objectives for subsidized children in home-based child care programs. Outlines the roles and responsibilities, including requiring these programs to provide specified services, including age and developmentally appropriate activities for children, parenting education, and parent involvement.

AB 72 (Bates) – CCL: Substantiated Complaints

Requires every R&R program to remove a licensed child care facility with a revocation or a temporary suspension order, or that is on probation, within two days, from the program's referral list. It requires a licensed child care facility to post its license in a prominent, publicly accessible location in the facility during the hours when clients are present.

AB 2909 (Salinas) – Deaf & Hard-of-Hearing Infants & Toddlers

This legislation requires the Department of Education to study current services for deaf and hard-of-hearing infants and toddlers, and make recommendations on how to best provide those services.

AB 2525 (Committee on Education)

Changes the maximum age for eligibility in child care and development programs to 12, and imposes a limit of 19 percent on administrative costs for the alternative payment program. Also eliminates grandfathered families over 75 percent of the state medium income.

AB 1393 (Kehoe) - Six to Six Program

This legislation extends the operation of the Six to Six before and after school programs from January 2005 to January 2009 without requiring them to be licensed.

AB 1240 (Mullin) – Criminal Background Checks

Requires community care facilities and child day care facilities, any county office with department delegated licensing authority and the State DSS to accept a criminal record clearance or exemption from each other.

AB 2205 (Oropeza) - Helping Heroes Child Care

SB 1612 (Speier) - Foster Care Child Care ♦

-Proper Lifting, continued from page 3

- Keep the lower back bowed-in while bending over.
- Squat, keeping your back straight, and bending at the knees, not at the waist.
- As you lift, bend your knees and keep the child close to you. Avoid twisting or jerking motions as you lift the child.
- Bend your back inward. Raise up with your head first. Use your leg muscles to raise your body.
- Do not twist or rotate your trunk. If you need to turn, turn with your feet, not your body. Point your feet in the direction of the lift.
- If possible, stabilize your body against a stationary object such as a wall or cabinet. ♦

Reference

California Childcare Health Program. (2001). Health and Safety in the Child Care Setting: Prevention of Injuries.

Resources

California Division of Occupational Safety and Health. www.dir.ca.gov.

Work Smarter, Not Just Harder: Think Ergonomics—Fitting the task to the person (for child care providers). Colorful downloadable posters available in English, Spanish, Chinese, Russian, Tagalog, and Vietnamese, online at: http://www.dir.ca.gov/dosh/PubOrder.asp.

-Nutritional Challenges, from page 4

emphasize a positive and enjoyable social atmosphere during mealtimes.

Food brought from home should be consistent with the principles and goals of the program's nutrition plan. Staff should discourage families from bringing unhealthy or unsafe foods and encourage healthy choices.

Maintain open, frequent communication about food issues between staff and families. This communication should include respect for individual and cultural values. ♦

Adapted from California Training Institute: A Curriculum for Training Child Care Health Consultants. California Childcare Health Program. 2003.

HEALTH and SAFETY RESOURCES

Toolkit on Funding, from Connect for Kids, compiles tips and sources for finding funding for child care programs, children's health services, education and arts programs, and efforts to strengthen communities. Online at www.connectforkids.org/resources3139/resources_show.htm?attrib_id=259&doc_id=45947&parent=82322.

Kids Can't Wait to Learn, from Preschool California, summarizes research on the benefits of quality preschool for children and society, as well as the status of Preschool for All efforts in California. Online at www.preschoolcalifornia.org/pg51.cfm.

Linking the Child Care and Health Care Systems discusses strategies for providing health services in child care centers, including developmental assessments, direct health care, parenting education, health education for providers, and connecting families with health insurance. \$1. (215) 557-4411 or www.ppv.org/ppv/youth/youth_publications.asp?section_id=9#pub175.

Protecting Our Kids, from the Institute for Business and Home Safety, provides tips for child care providers on how to be prepared for

natural disasters. Step-by-step checklists, information on retrofitting and securing furniture, and safety hand-outs. Online at www.ibhs.org/public_safety_strategies/protecting_our_kids.asp.

Early Child Development in Social Context, from the Commonwealth Fund, reviews 30 indicators of health and development for children under 6, including social-emotional and cognitive development, child and parent health, child care, and family and community factors. www.cmwf.org/publications/publications_show.htm?doc_id=237483.



Getting Ready for School Begins at Birth, from Zero to Three, explains how everyday interactions can help children learn language, literacy and thinking skills, as well as self-control and self-confidence. www.zerotothree.org/schoolreadiness.

Law Help California, from the Public Interest Clearinghouse, is a statewide database of resource and referral information on legal topics, such as housing, public benefits, health, work, immigration, civil rights, protection from abuse, and Native American Issues. www.lawhelpca.org.◆

University of California, San Francisco
Child Care Health Connections
School of Nursing
Department of Family Health Care Nursing
San Francisco, CA 94143-0606

CHANGE SERVICE REQUESTED

Nonprofit Org.
U.S. POSTAGE
PAID
University of California,
San Francisco